

**FREDERICK COUNTY  
DIVISION OF UTILITIES & SOLID WASTE MANAGEMENT**

**APPLICATION FOR LIQUID WASTE DISPOSAL**

Pursuant to Article VII, Section 2.1 of the Frederick County Industrial Waste Ordinance, **only liquid waste that originates from sources within Frederick County is accepted for disposal.**

1. If you need assistance in answering the questions on this form, please contact the Pretreatment Office at 301-600-2511.
2. Please answer all of the questions. Any blanks left on your Permit Application can delay the completion of its review and approval.
3. Please print your answers. **All document copies must be legible.** (including health inspection forms, insurance information, and any other supporting papers)
4. Please attach a separate sheet wherever necessary to provide a complete answer.
5. This application must be accompanied by a current certificate of liability insurance listing the certificate holder as: Board of County Commissioners of Frederick County, MD, 12 E. Church St., Frederick, MD 21701.
6. On page 2, **the CERTIFICATION STATEMENT must be signed by the designated signatory authority** of the company as per CFR 40 CFR 403.6, and must accompany this application when filed with the Division of Utilities & Solid Waste Management.
7. Return your completed original application with all attachments to the Industrial Pretreatment Office:  
Division of Utilities & Solid Waste Management  
Department of Regulatory Compliance  
4520 Metropolitan Court  
Frederick, MD 21704

**SECTION I: GENERAL INFORMATION (all applicants)    Date: \_\_\_\_\_**

1. Company name: \_\_\_\_\_
2. Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Location: \_\_\_\_\_  
(not P.O. Box)

3. Designated Signatory Authority (Owner, Co-owner, or President - NOT a driver)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_ Cel #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
e-mail: \_\_\_\_\_

4. Permit #:    H- \_\_\_\_\_    (or)    CP- \_\_\_\_\_

## SECTION II: LIQUID WASTE HAULERS (H-permits)

1. Please list all vehicles used to transport waste in Frederick County and attach a copy of the most recent Frederick County Health Department inspection for each vehicle:

Tag #: \_\_\_\_\_ VIN#: \_\_\_\_\_

Tag #: \_\_\_\_\_ VIN#: \_\_\_\_\_

Tag #: \_\_\_\_\_ VIN#: \_\_\_\_\_

Tag #: \_\_\_\_\_ VIN#: \_\_\_\_\_

Tag #: \_\_\_\_\_ VIN#: \_\_\_\_\_

2. Indicate the types of waste to be hauled for disposal: (Check all that apply.)

\_\_\_\_\_ Holding tank waste from residential generators

\_\_\_\_\_ Septage: domestic sanitary waste from residential septic tanks

\_\_\_\_\_ Septage: domestic sanitary waste from commercial/industrial facilities

\_\_\_\_\_ Sludge from WWTP

\_\_\_\_\_ Oil & Grease from food handling facilities

\_\_\_\_\_ Chemical toilet waste

\_\_\_\_\_ Other: \_\_\_\_\_

## SECTION III: SLUDGE SOURCE INFORMATION (CP-permits: Domestic WWTP)

1. Current Sludge Utilization Permit #: \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

2. Treatment Plant Superintendent: \_\_\_\_\_

Certification #: \_\_\_\_\_

3. Design Capacity of the WWTP: \_\_\_\_\_ MGD

Pursuant to COMAR 26.04.06.13 F (Sewage Sludge Monitoring):

If the Design Capacity for this facility is equal to or greater than 0.05 MGD, attach a copy of a sludge analysis performed within the past year.

If the Design Capacity is less than 0.05 MGD, attach a sludge analysis performed within the past three (3) years.

## SECTION IV: CERTIFICATION STATEMENT (all applicants)

I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_